



ADULT FITNESS CLASS

**GRACE CHURCH
2ND STREET AND ERIE STREET
Mondays, 10:45 a.m. - 11:45 a.m.
Beginner Weight and Conditioning Class**

**PERSHING FIELD VETERAN'S COMMUNITY CENTER
(CENTRAL & MANHATTAN AVENUE)
Tuesdays, 6:00 p.m. - 7:00 p.m.
Advanced Weight and Conditioning Class**

**Wednesdays, 12:30 p.m. - 1:30 p.m.
Beginner Weight and Conditioning Class**

**Wednesday, 6:00 p.m. - 7:00 p.m.
Step Aerobic & Strength Training**

**CURRIES WOODS HOUSING COMPLEX (SENIOR ROOM)
3 NEW HECKMAN DRIVE
Thursdays, 12:15 p.m. - 1:15 p.m.
Beginner Weight and Conditioning Class**

**PROPER ATTIRE REQUIRED (EX: EXERCISE CLOTHING AND SNEAKERS)
HELEN CLARK, INSTRUCTOR**

**PRESENTED BY: MAYOR STEVEN M. FULOP, THE JERSEY CITY MUNICIPAL COUNCIL
AND THE DEPARTMENT OF RECREATION**



For more information, contact Helen at 201-920-6649
or visit jerseycitynj.gov.



City of Jersey City Official Government Page



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**MAYOR STEVEN M. FULOP
THE JERSEY CITY MUNICIPAL COUNCIL
AND
THE DEPARTMENT OF RECREATION**



PARTICIPATION FORM

Each section and this entire form must be read, completed and signed before the participant is allowed to take part in any recreational programs.

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Permission to post pictures: Yes _____ No _____

Person to Notify in Case of Emergency: _____ Phone #: _____

As determined by my physician, I am in good physical condition and I am not aware of any present or previous disease or injury that would result in my being impaired during my participation with the Jersey City Recreation Adult Fitness Program. I empower the staff to exercise reasonable care in the event of an emergency. I hereby agree to abide by the rules and regulations set forth by the Department of Recreation. I also agree to hold harmless the City of Jersey City and the Department of Recreation's employees and class instructors.

Signature: _____

Date: _____